

Sliding Fee Scale Application for Stone Turtle Health, LLC

Sliding Fee Scale categories are subject to change at any time. Written notice will be posted promptly.

Name: _____

Address: _____

Daytime Telephone : _____ Evening Telephone: _____

Annual Income: _____ Number of People in Family/Household: _____

Insurance Plan (if any): _____

I, the undersigned, agree that I am applying for sliding fee scale charges for my visits, based upon the above information, which I hold to be true and complete. I aver that I am not enrolled in a private insurance plan that covers naturopathic medicine. I agree to furnish proof of income (paycheck stubs, tax returns, supervisor's note all accepted) and photo ID as part of my application. I understand that, if accepted, services will be rendered at reduced cost to me and my family, according to the most recent guidelines posted on the premises of Stone Turtle Health, LLC. I further understand that supplements and supplies that are utilized and would be normally considered to be separate from the charge per visit are not considered part of the sliding fee scale and will remain my responsibility to pay in full at the time of visit. Finally, in order to remain on the sliding fee scale, I agree to re-supply proof of income annually or upon request. At such time as my income level changes or I attain private insurance, I agree to notify Stone Turtle Health, LLC at my next visit, when my status will be re-evaluated for eligibility.

X _____ Date: _____

OFFICE USE ONLY

PROOF OF INCOME ___ PICTURE ID ___ INCOME CLASSIFICATION ___ ACCEPTED BY: _____